

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 11/29/01  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: STEM CELL SCREENING AND  
TRANSPLANTATION THERAPY FOR HIV  
INFECTION  
Attorney Docket Number:: 020035-001100US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 1  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.:: No

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### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name::  
Family Name:: Chow  
Name Suffix::  
City of Residence:: Arcadia  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 659 W. Norman Avenue  
City of Mailing Address:: Arcadia  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 91007

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Denis  
Middle Name:: O.  
Family Name:: Rodgerson  
Name Suffix::  
City of Residence:: Malibu  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2801 Corral Canyon Road  
City of Mailing Address:: Malibu  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 90265

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rubio  
Middle Name:: R.  
Family Name:: Punzalan  
Name Suffix::  
City of Residence:: Torrance  
State or Province of Residence::  
Country of Residence::  
Street of Mailing Address:: 809 Teri Avenue  
City of Mailing Address:: Torrance  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address:: 90503

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Lawrence  
Middle Name:: D.  
Family Name:: Petz  
Name Suffix::  
City of Residence:: Tarzana  
State or Province of Residence::  
Country of Residence::  
Street of Mailing Address:: 19633 Anadale Drive  
City of Mailing Address:: Tarzana  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

10521 223660

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::